

MEDICAID PROVIDER BULLETIN

July 17, 2017

Medical Policies and Clinical Utilization Management Guidelines update

Medical Policies update

On February 2, 2017, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Anthem Blue Cross and Blue Shield Medicaid (Anthem). These policies were developed or revised to support clinical coding edits. Several policies were revised to provide clarification only and are not included in the listing below.

The *Medical Policies* were made publicly available on the Anthem provider website on the effective date listed below. Visit www.anthem.com/cptsearch_shared.html to search for specific policies.

Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

| Effective date | Medical Policy number | Medical Policy title | New or revised |
|-----------------------|------------------------------|-----------------------------|-----------------------|
| 2/16/2017 | DRUG.00068 | Vedolizumab (Entyvio®) | Revised |

Clinical Utilization Management Guidelines update

On February 2, 2017, the MPTAC approved the following *Clinical Utilization Management (UM) Guidelines* applicable to Anthem. These clinical guidelines were developed or revised to support clinical coding edits. Several guidelines were revised to provide clarification only and are not included in the following listing. This list represents the *Clinical UM Guidelines* adopted by the Medical Operations Committee for the Government Business Division on March 21, 2017.

On February 2, 2017, the clinical guidelines were made publicly available on the Anthem *Medical Policies* and *Clinical UM Guidelines* subsidiary website. Visit www.anthem.com/cptsearch_shared.html to search for specific guidelines.

Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

| Effective date | Clinical UM Guideline number | Clinical UM Guideline title | New or revised |
|-----------------------|-------------------------------------|------------------------------------|-----------------------|
| 2/16/2017 | CG-DRUG-28 | Alglucosidase alfa (Lumizyme®) | Revised |

The information in this bulletin may be an update or change to your provider manual. Find the most current manual at:

<https://medproviders.anthem.com/ky>

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association. WEBPAKY-0103-17 July 2017

